

Best Practices Meeting

May 15, 2009

Attendees: Carol Hafley, Bryant McNally, Cindy Wrigley, Deborah Finley, Denise Clemonds, Diana Love, Don Reynolds, Dr. Charles Crecelius, Dr. David Brunworth, Dr. David Cravens, Dr. James McMillen, Dr. Naveed Razzaque, Dr. William Rosen, Heather Arnold, Lori Bonnot, Sam Plaster, Sharon Thomas, Teresa Generous, Julie Ballard, Linton Bartlett, Matt Younger, Diane Edwards, Tish Thomas, Joan Keenan, and Shelly Williamson

<u>Topic</u>	<u>Discussion/Action</u>	<u>Action</u>
Welcome/Introductions – Sam Plaster	Sam welcomed the group and introductions were made.	
Section for Long Term Care Regulation Updates – Shelly Williamson	Shelly welcomed everyone and said we have two new members. She introduced Teresa Generous as the new Division Director for the Division of Regulation and Licensure and Matthew Younger as the new Section Administrator for the Section for Long Term Care Regulation.	FYI
	Shelly talked about the Section's ListServe, which provides updates every Friday. The Provider Meetings will be held in June and July across the state. They will be the same format as last year. We will also be showing Dr. Brunworth's CD on end of life planning.	FYI
	The fire safety rules will become effective May 30 and will affect most facilities. Facilities that are required to have sprinkler systems will have until the end of 2012 to have those installed. House Bill 395 (HB 395), which addresses fire safety, passed. DHSS will be responsible for fire safety inspections of skilled and intermediate care facilities. The Fire Marshal's office will still be responsible for the fire safety inspections for assisted living and residential care facilities.	FYI
	HB 395 also changed the IDR process to a third-party process. Missouri's Quality Improvement Organization (QIO) Primaris will now be responsible for the IDR process.	FYI
	We will begin working on rules once the Governor's office signs off on the current legislation.	FYI
	Diana Love will be retiring at the end of June.	

	<p>We will be filling the position soon. Diana will work on a part-time basis to assist the new person.</p> <p>The H1N1 virus situation has slowed down and the department is gearing our activities down. We did have a lot of activity and Teresa was attending meetings two times a day. Information will still be on our ListServe and the department's website.</p>	
<p>MC5 Update – Julie Ballard</p>	<p>Julie explained that the Missouri Coalition Celebrating Care continuum Change (MC5) started in 2004. The MC5 vision is to have a continuum of adult care that is satisfying, individually meaningful and person centered and striving toward person directed. The mission is to create environments in which the dignity and value of each individual is respected and celebrated. This mission is accomplished through communication and education. Julie said there are currently 440 members on their ListServe that receive weekly updates.</p> <p>There are lots of organizations currently involved with MC5. Since 2005 there have been ten regional groups that have formed. Many of those meet quarterly or once a month. Primaris is involved with the coalition and houses the ListServe. If anyone wants to be added to the ListServe give the e-mail address to Sam and he can forward to Julie. There is no membership fee for the service. The website is www.missouriMC5.com</p> <p>MC5 has partnered with MoAHA on the June 17 and 18 On the Road to Culture Change Conference in St. Louis. Karen Stobbe will be the keynote speaker and will be doing a drama presentation. A Poster Session will be held in the evening of the first day during the networking reception. Providers will be able to provide their culture change information.</p> <p>The Pioneer Network conference will be held in Little Rock, AR August 12-14, 2009. The 2010 conference will be held in Indiana. Missouri will resubmit their bid to have the 2011 conference held in St. Louis.</p> <p>MC5's future plans are to continue</p>	<p>FYI</p> <p>FYI</p> <p>FYI</p> <p>FYI</p> <p>FYI</p>

	networking; communication; provide statewide education; bring in speakers to do regional training; pursue grant funding; and get more volunteers. CMS new guidance to surveyors effective June 17 is focused on person centered care. There are webinars being presented in June.	
Primaris Resources on Pressure Ulcers – Deborah Finley	Deborah said Primaris is working on a flow chart on pressure ulcers. The Braden Scale tool has been revised and is on our website. Primaris wants an easy tool that will be simple and user friendly. A sample form was distributed for members to review and note changes that could be made. Early identification of a person at risk for a pressure ulcer is a problem. Primaris hopes to have a new pressure ulcer guideline to present at the next meeting.	FYI
	Deborah said if anyone has any questions regarding the restraint Device Decision Guide please call Primaris or QUIPMO to discuss. Primaris meet with every LTC region and talked about restraints, the need for a good care plan in place, and using the tool in making decisions.	FYI
	It was brought up that the people who fall the most are in merry walkers. Need to find out how many deficiencies are cited on the use of merry walkers.	Shelly will look into this.
Update on Medical Directors - Dr. Naveed Razzaque	Dr. Razzaque stated that physicians may be cited more on F501, the Medical Director tag. A lot of physicians do not understand the role of a medical director. AMADA is an excellent resource for medical directors but is expensive. The medical director's role and responsibilities should include the following: 1) Physician leadership – Ensure residents have adequate physician/health care practitioner services in-house; 2) Health Care provider credentialing; 3) Provide guidance for health care workers performance expectations to assure compliance with federal mandates and facility guidelines for patient care visits; 4) Monitor health care providers – provide feedback to physicians and health care providers if there are any problems in their performance and practices; 5) Clinical Leadership – Collaborate with	FYI

	<p>facility leadership on admission policies. Review, respond to and participate in federal, state and other surveys and inspections. Go over plans of correction. Represent the facility in informal dispute resolution. Develop general clinical guidelines for facility staff regarding changes in conditions; and 6) Participate in the facility's quality improvement process - The medical director should be asking about quality assurance and asking why conditions are changing.</p> <p>Dr. Razzaque wants the Best Practices group to sign off on the guidelines, put them on the website and send to all medical directors in Missouri. They would be guidelines only – not requirements. A question was raised concerning how often the medical director tag is cited. Shelly indicated it is cited rarely. A report can be ran and brought to the next meeting.</p> <p>The guidelines can be reviewed by members and put on the agenda for discussion at the next meeting.</p>	<p>Report on citation of medical director tag distributed at next meeting.</p>
FENCE – Sam Plaster	<p>Sam stated that FENCE has been around for a long time. FENCE stands for Furthering Education for Nurses who Care for the Elderly. The program is designed to provide specialized training for LTC nurses. The program was originally geared toward LPN's, but has been opened to RN's also. The Department committed funds for the project, formed an advisory committee, and contracted with the Missouri Center for Career Education (MCCE), University of Central Missouri for the development of the online curriculum, test bank, and train the trainer course.</p> <p>The contract began July 1, 2008 and will end on September 31, 2009. There will be one more review of the curriculum. We have asked MCCE to provide the comments for our review to make sure they are addressed. MCCE is currently developing and scheduling the train the trainer sessions, which will be held at Lee's Summit, Springfield, Cape Girardeau, St. Louis and Columbia. 106 Nurses have declared interest in becoming instructors. The FENCE course will take 45 hours to complete. Students will also have to</p>	<p>FYI</p>

	<p>pass a test after completion of the training.</p> <p>We are working on an agreement for the maintenance of the website. Cooperation agreements are being developed for Missouri League for Nursing and Missouri Association of Homes for the Aging to act as certifying agencies and administrative oversight of the website.</p> <p>Linton is also working on a proposal to follow the progress of the project.</p>	FYI
Code Status – Dr. Naveed Razzaque	<p>Nursing homes are required to establish health care directives. DNR status also known as code status, for their residents. Majority of the homes abide by these regulations and usually have code status established within first week of residents admission to their facilities. Unfortunately when residents are transferred to emergency rooms with already established code status in their respective nursing facilities, capture of these health care directives in E.R. in my experience is less than 30%. This sometimes results in inappropriate resuscitation provided to the patients against their established health care directives. Once patients are resuscitated and intubated, some families then have a difficult time allowing the health care team to reverse (i.e. extubate sometimes in cases of most futile care) as it may now result in immediate death of their loved ones, which could be a tremendous emotional burden for them to carry through their lives. Overall result is a huge disservice to the entire medical field. Patients wishes are not carried out as established by their health care directives, hospitals that end up taking care of them for extended period of time, sometimes obligated to provide futile care, sometimes uncompensated or under compensated, and it results in a tremendous burden to the health care financial institution.</p>	<p>FYI</p> <p>Shelly stated that Health Standards and Licensure handles the rules on hospitals. The DNR rules filed had received lots of comments and they are responding to those.</p>
Drug Utilization Review – Denise Clemonds	<p>Denise received a letter from Omnicare based on a letter that the Department of Mental Health (DMH) sent to a physician. The letter addressed the prescriber responsibilities and actions when prescribing medications for residents of LTC facilities. DMH is performing drug utilization review of</p>	FYI

	<p>psychotropic medications and sending letters to physicians to alert them of the possible duplicate or excessive medication therapy. A consulting psychiatrist can be prescribing medications that the primary care physician is uncomfortable with and may not be appropriate for the patient. The result of this letter is that physicians have begun requesting psychotropic medications be printed on separate PO sheets and then be signed by the psychiatrist. This is resulting in separate PO sheets of each medical discipline. This could increase the risk of duplication of drug therapy. As we move to electronic records the ability to have separate PO sheets is improbable.</p> <p>It was decided to have Dr. Parks with DMH attend the next meeting to discuss this situation.</p>	<p>Shelly said DHSS is having conversations with DMH on this situation.</p> <p>Need to invite Dr. Parks.</p>
<p>Mental Health Issues in Long Term Care – Linton Bartlett</p>	<p>Linton presented statistics on LTC residents with mental illness. After going through state inspections he found that 41% of residents have a mental illness diagnosis. Approximately 95% live in resident care facilities or assisted living facilities. Missouri also has a higher percentage of mentally ill that are in certified beds than the national average. There is a need for better training of LTC staff to recognize the signs of mental illness.</p>	<p>FYI</p>
<p>Mental Health First Aid – Tish Thomas and Joan Keenan</p>	<p>The Department of Mental Health's Mental Health First Aid is a program designed for people with limited knowledge of mental illness. This program is not taught to diagnosis but to recognize the problem of mental illness. Australian Betty Kitchener and her husband, Tony Jorm designed and develop this unique program. A trained nurse by profession, Betty has battled mental health issues of her own and has a very personal interest in spreading this message of help and throughout the world.</p> <p>The states of Maryland and Missouri have collaborated to translate this Australian program into an American version, using language, training materials and film examples that are more identifiable to an</p>	<p>FYI</p> <p>FYI</p>

	<p>American audience. Tish and Joan were lucky to be participants in one of the first round of “train the trainer” sessions offered by the MO Department of Mental Health’s Office of Transformation. The program is designed to help identify the signs early and to get early intervention for mental illness. ALGEE is used for the action plan – A- Asses; L-Listen; G-give reassurance; E-Encourage professional help; and E-encourage self-help.</p> <p>Our goal is to have 40 certified instructors and have those instructors train as many people as possible. We want to partner with communities, schools, and businesses so they know where to go to get help. If there are any groups or organizations that need this training they can contact the Office of Transformation with the Department of Mental Health. Carol Scott with the Ombudsman Office has completed the training and is working with DMH to get the program out to LTC facilities.</p>	FYI
Meeting adjourned	<p>Sam thanked Primaris for continuing to host the meeting.</p> <p>The next meeting date is August 7, 2009.</p>	FYI